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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 147800001		CITY OR TOWN	WILLIAM	STOWN
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	HCC ORCHARDS L. A THE ORCHARDS MS ROAD	P.			
CITY/TOWN: WIL	LIAMSTOWN	STATE: MA	ZIP CODE:	01267	
MANAGER: SCOT W.	TT, CHARLES TYPE	OF LICENSE:Inr	nholder CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISE		OOMS OFFICES	NID EL COD	
	AURANT, LOUNGE, 1 . 49 GUEST ROOM H		OOMS, OFFICES: 2	2ND FLOOR	,
2. the license	ed license will be of the ee has complied with al ses are now open for bu	l laws of the Com-	monwealth relating to ain below)		
DATE:	TELEPHONE :	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are in I by the building inspe ertificate of liquor lia	ector and the hea	d of the fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 147800002		CITY OR	TOWN	WILLIAMS	STOWN
APPLICATION FOR	R RENEWAL:	Annu	al	LICENS	SED FOR 20	13
		CLAS	SS		,	YEAR
LICENSEE NAME:	WAUBEEKA GOI	LF LINKS LLO	2			
DOING BUSINESS	A WAUBEEKA GO	OLF LINKS				
ADDRESS 137 NEV	W ASHFORD RD					
CITY/TOWN: WIL	LIAMSTOWN	STATE:	MA ZIP C	ODE:	01267	
MANAGER: MIL	LS, MARK J. TYI	PE OF LICENS	SE:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL ADDRESS			
DESCRIPTION OF	LICENSED PREMIS	SES:				
	OOMS UPPER AND					ATED
	EST OF THE CLUB OUSE RESTAURAN					ENCED
	CLUBHOUSE REST		0112011021	322,21		
I hereby certify and s	swear under penalties	of perjury that	:			
1. the renew	ved license will be of	the same type i	for the same prem	ises now	licensed;	
2. the licens	ee has complied with	all laws of the	Commonwealth 1	relating to	taxes; and	
3. the premi	ses are now open for	business (If no	t explain below)			
SIGNED BY:	T 11 1 1 D .	A .1 . 1	G . OSS			
	Individual, Partner	or Authorized	Corporate Office	r		
DATE:	TELEDION		E.	MDI OVED	IDENTIFICAT	ION NUMBER:
2112	TELEPHON	E NUMBER:			vidual Social Se	
	_					
_	d, attest that we are d by the building ins	_		_		
	certificate of liquor					
Please Check Below:			LOCAL	LICENS	ING AUTHO	RITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	ain)					
DATE:						



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	14/800018		CITY OR TOWN	WILLIAM	SIOWN
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	JAMESARI CORPO	RATION			
DOING BUSINESS A	COZY CORNER R	RESTAURANT			
ADDRESS 850 SIMO	NDS RD.				
CITY/TOWN: WILL	JAMSTOWN	STATE: MA	ZIP CODE:	01267	
MANAGER: Alimon	nos, Rebecca TYPE	E OF LICENSE:Re	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	ES:			
ONE FLOOR, DININ	G ROOM, TAP ROO	M, KITCHEN. CI	ELLAR FOR STOR	RAGE	
I hereby certify and sw	ear under penalties o	of perjury that:			
1. the renewed	d license will be of th	e same type for the	e same premises nov	w licensed;	
2. the licensee	e has complied with a	ll laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for b	usiness (If not expl	ain below)		
SIGNED BY:					
SIGNED D1.	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TEL EDITOLE		EMDI OVI	ED IDENTIFICA	ΓΙΟΝ NUMBER:
DATE.	TELEPHONE	NUMBER:			Security Number)
			(****** <u>******</u> 11	iai viadai Boeiai i	recurry reamour)
We the undersigned,	, attest that we are in	n possession (1) th	e certificate requi	red by Chapt	er 304 of the
Acts of 2004, signed					
license and (2) the ce	rtificate of liquor lia	ability insurance i	required by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)		-		
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800021	CITY OR TOWN	WILLIAMSTOWN
APPLICATION FOR RENEWAL: Annual	LICENS	SED FOR 2013
CLASS		YEAR
LICENSEE NAME: RICHARD RUETHER POST 152, A	AM. LEGION CLUB	
DOING BUSINESS A		
ADDRESS 117 LATHAM STREET		
CITY/TOWN: WILLIAMSTOWN STATE: M	IA ZIP CODE:	01267
MANAGER: Hamel, Kevin P TYPE OF LICENSE	:Club CA	TEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
TWO STORY BLDG. ENTRANCE, EXIT SOUTH SIDE, BAR ON FIRST FLOOR, SERVICE BAR ON SECOND F		ESTSIDE. MAIN
I hereby certify and swear under penalties of perjury that:		
1. the renewed license will be of the same type for	the same premises now	licensed;
2. the licensee has complied with all laws of the Co	ommonwealth relating to	taxes; and
3. the premises are now open for business (If not e	explain below)	
SIGNED BY:		
Individual, Partner or Authorized Co	orporate Officer	
DATE: TELEPHONE NUMBER:	EMPLOVER	
TEEEI HOUE IVEIVIBER.		IDENTIFICATION NUMBER:
TEEE TOTAL TOTAL		IDENTIFICATION NUMBER: vidual Social Security Number)
	(Note: NOT Indi	vidual Social Security Number)
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the l	(Note: <u>NOT</u> Indi ) the certificate require nead of the fire departn	vidual Social Security Number)  d by Chapter 304 of the nent for the above named
We the undersigned, attest that we are in possession (1)	(Note: <u>NOT</u> Indi ) the certificate require nead of the fire departn	vidual Social Security Number)  d by Chapter 304 of the nent for the above named
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurance.  Please Check Below:	(Note: <u>NOT</u> Indi ) the certificate require nead of the fire departn ce required by Chapter	vidual Social Security Number)  d by Chapter 304 of the nent for the above named
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurance.  Please Check Below:  APPROVED:	(Note: <u>NOT</u> Indi ) the certificate require nead of the fire departn ce required by Chapter	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurance.  Please Check Below:  APPROVED:  DISAPPROVED:	(Note: <u>NOT</u> Indi ) the certificate require nead of the fire departn ce required by Chapter LOCAL LICENS	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurance.  Please Check Below:  APPROVED:	(Note: <u>NOT</u> Indi ) the certificate require nead of the fire departn ce required by Chapter LOCAL LICENS	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurance.  Please Check Below:  APPROVED:  DISAPPROVED:	(Note: <u>NOT</u> Indi ) the certificate require nead of the fire departn ce required by Chapter LOCAL LICENS	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 14/800025		CITY OR TOWN	WILLIAM	SIOWN
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS ADDRESS 280 CO CITY/TOWN: WI MANAGER: BAI EMAIL ADDRESS	LE AVE LLIAMSTOWN KER, TRACY E. TYP	STATE: MA E OF LICENSE: Pa		01267 ATEGORY:	All Alcohol
DESCRIPTION OF	EICEIVSED I REMIS	LS.			
2. the licen	wed license will be of the see has complied with hises are now open for the see Individual, Partner	all laws of the Com business (If not expl	monwealth relating t		
DATE:	TELEPHONI	E NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	   lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	47800028		CITY OR TOWN	WILLIAM	STOWN
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
	WEST PACKAGE STO				
	WEST'S WINE & SPIF	RITS			
ADDRESS 52 SPRING	G ST				
CITY/TOWN: WILL	IAMSTOWN S'	ΓATE: MA	ZIP CODE:	01267	
MANAGER: WEST,	ROBERT A. TYPE OF	LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES:				
FIRST FLOOR, STOR STORAGE.	E AND FRONT DOOR:	; TWO ROOMS	S. ONE ROOM, SE	COND FLOO	OR FOR
2. the licensee	license will be of the sar has complied with all lar s are now open for busine	ws of the Comm	nonwealth relating to		
	Individual, Partner or Au	thorized Corpo	rate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:			-		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 14/800029		CI	IY OR TOW	N WILLIAM	SIOWN
APPLICATION FOR	RENEWAL:	Annual		LICE	ENSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	THE PRESIDENT &	& TRUSTEES (	OF WIL	LIAMS COL	LEGE	
DOING BUSINESS	A					
ADDRESS MAIN &	PARK STREETS					
CITY/TOWN: WIL	LIAMSTOWN	STATE: N	<b>I</b> A	ZIP CODE:	01267	
MANAGER: VOL	PI, ROBERT P. TYPI	E OF LICENSE	:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YO	UR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISI	ES:				
Thereby continued or		.f				
I hereby certify and so	wear under penames of the dicense will be of the		the can	ne nremises no	w licensed:	
	ee has complied with a	• •		-		
	es are now open for b				5	
SIGNED BY:						
	Individual, Partner of	or Authorized C	orporat	e Officer		
DATE:	TELEPHONE	NUMBER:			YER IDENTIFICAT	
				(1401e. <u>1401</u>	Individual Social S	security Number)
	l, attest that we are i					
	l by the building insp ertificate of liquor li					
Please Check Below:	•	v	_		NSING AUTH	
APPROVED:				By:	NSING AUTH	OKITI
DISAPPROVED:				- , .		
(If disapproved expla	in)					
DATE.						
DATE:						



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14780	0031	CITY OR TOWN	WILLIAMSTOWN
APPLICATION FOR RENE	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: TACO DOING BUSINESS A THE ADDRESS 1090 MAIN & N CITY/TOWN: WILLIAMS	WILLIAMS INN ORTH STREETS TOWN STATE: N	MA ZIP CODE:	01267
MANAGER: FAULKNER J.	, CARL TYPE OF LICENSE	E:Innholder Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:  PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
128 BEDRMS, COCKTAIL OUTDOOR PATIO UNDER			S, INDR POOL,
2. the licensee has co 3. the premises are n SIGNED BY:	se will be of the same type for complied with all laws of the Composition of the Composit	Commonwealth relating to explain below)	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
0 ,	that we are in possession (1 building inspector and the te of liquor liability insuran	head of the fire departs	ment for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	147800040		CITY OR TOW	'N WILLIAM	STOWN
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 246 MAIN	DESPERADOS STREET				
CITY/TOWN: WILL		STATE: MA	ZIP CODE:	01560	
MANAGER: ATWE C.	ELL, DAVID TYPI	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L. ONE STORY BLDG.	EASE ALSO VISIT OUR WEI ICENSED PREMISI		MAIL ADDRESS		
	e has complied with a es are now open for b Individual, Partner o	ousiness (If not expl	ain below)	g to taxes; and	
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building insp	ector and the hea	d of the fire depa	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	14/800041		CITY OR TOWN	WILLIAM	SIOWN
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DANIEL H. CAMPI	BELL			
DOING BUSINESS A	HOBSON'S CHOI	CE			
ADDRESS 159 WAT	ER STREET				
CITY/TOWN: WILL	IAMSTOWN	STATE: MA	ZIP CODE:	01267	
MANAGER:	TYPI	E OF LICENSE:Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
PI	LEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L					
RESTAURANT, BAR FLOOR; FRONT ENT			FFICE AND STOR	AGE, SECO	ND
I hereby certify and sw	•				
1. the renewed	d license will be of the	ne same type for the	same premises now	licensed;	
2. the licensee	has complied with a	all laws of the Comm	nonwealth relating to	o taxes; and	
3. the premise	es are now open for b	ousiness (If not expla	nin below)		
SIGNED BY:	La P. Maria Designation		OCT		
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NIIMBED:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
	TEELITIONE	, IVOMBER.	(Note: NOT Ind	lividual Social S	ecurity Number)
We the understand	attest that we are:	n nagaggian (1) th	a aantifiaata maanin	ad by Chant	on 201 of the
We the undersigned, Acts of 2004, signed					
license and (2) the ce					
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)		-		
			-		
DATE:			<del>-</del>		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	t: 147800043	•	CITY OR TOWN	WILLIAMS	TOWN
APPLICATION FOR	R RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS		•	YEAR
	WATER STREET V A WATER STREET				
ADDRESS 123 WA	TER STREET				
CITY/TOWN: WIL	LIAMSTOWN	STATE: MA	ZIP CODE:	01267	
MANAGER: REIN M.	NHARD, ERIC TYPI	E OF LICENSE:Rest	aurant CA'	ΓEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EMA	AIL ADDRESS		
	LICENSED PREMIS				
STORAGE. OUTSII AREA.SIX TABLES	H SIDE; EXIT SOUT DE DECK.ENCLOSE S 24 CHAIRS NO	D OFF SOUTH END			
I hereby certify and s	swear under penalties (	of periury that:			
	red license will be of the	1 5 6	ame premises now li	icensed:	
	ee has complied with a	• •	-		
	ses are now open for b		•	ŕ	
SIGNED BY:					
	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:					
DATE:	TELEPHONE	E NUMBER:	EMPLOYER I (Note: <u>NOT</u> Indiv		ON NUMBER:
			(1 total <u>1 to 1</u> mury	iddai Sociai Sc	curity (varioer)
Acts of 2004, signed	d, attest that we are i d by the building insp certificate of liquor li	pector and the head	of the fire departm	ent for the a	above named
Please Check Below:			LOCAL LICENSI	NG AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 147800048		CITY OR TOWN WILLIA	AMSTOWN
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	₹ 2013
		CLASS		YEAR
LICENSEE NAME	: WALDEN CULINA	ARY, LLC		
DOING BUSINESS	S A RED HERRING			
ADDRESS 046A S	PRING STREET			
CITY/TOWN: WI	LLIAMSTOWN	STATE: MA	ZIP CODE: 01267	
MANAGER: SM F.	TTH, EDWARD TYP	E OF LICENSE: Rest	caurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
AND SERVICE. O BE CONNECTED	UTDOOR SERVICE (	CONSISTS OF FIVE RWAY. EMPLOYEE	STORAG AND SMOKE FF TABLES 1ST AND 2ND F S MUST BE PRESENT AT SES CLOSE.	LRS MUST
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of t	he same type for the s	same premises now licensed;	•
	•		onwealth relating to taxes; a	nd
3. the prem	ises are now open for l	ousiness (If not explain	in below)	
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFI (Note: NOT Individual Soc	
Acts of 2004, signe	ed by the building ins	pector and the head	certificate required by Ch of the fire department for quired by Chapter 116 of t	the above named
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:	Loin)			
(If disapproved exp	iaiii)			
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 147800049		CITY OR TOWN	WILLIAMS	STOWN
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 412 MAI		CLASS			IEAK
CITY/TOWN: WIL	LIAMSTOWN	STATE: MA	ZIP CODE:	01267	
MANAGER: Rosa	sco, Pamela J. TYPE	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		MAIL ADDRESS		
TWO STORY COM	MERCIAL BLDG WI FLOOR; KITCHEN A	TH THREE EXIT			ROOM
<ol> <li>the renew</li> <li>the license</li> </ol>	wear under penalties of ed license will be of the ee has complied with al- ses are now open for bu	e same type for the	monwealth relating to		
	Individual, Partner of	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Acts of 2004, signed	d, attest that we are in I by the building insper certificate of liquor lia	ector and the hea	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14	7800053		CITY OR T	OWN	WILLIAM	STOWN
APPLICATION FOR RE	ENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: CO	ONSTANTINE	E ANAGNOS				
DOING BUSINESS A	COLONIAL PI	ZZA				
ADDRESS 234 MAIN S	TREET					
CITY/TOWN: WILLIA	MSTOWN	STATE:	MA ZIP CO	DE:	01267	
MANAGER:	T	YPE OF LICEN	SE:Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL ADDRESS			_
DESCRIPTION OF LICE						
two front doors and one b		_				
I hereby certify and swear	•	1 3 2				
			for the same premis			
	_		e Commonwealth re	lating to	o taxes; and	
3. the premises a	re now open io	or business (if no	ot explain below)			
SIGNED BY:	dividual, Partn	er or Authorized	Corporate Officer			
	,					
DATE:	TELEDITO	NIE NII IMDED.	EM	PI OYER	R IDENTIFICAT	TION NUMBER:
	TELEFIC	NE NUMBER:				ecurity Number)
We the undersigned, at Acts of 2004, signed by license and (2) the certi	the building i	nspector and tl	ne head of the fire	departı	ment for the	above named
Please Check Below:			LOCAL I	ICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						
(If disapproved explain)						
DATE:						



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 147800055		CITY OR TOWN	WILLIAMSTOWN
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 777 COL CITY/TOWN: WIL	A MEZZE BISTRO & L LD SPRING ROAD		ZIP CODE:	01267
	MAS, NANCY TYPE (			ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSTI		IAIL ADDRESS	
RECEPTION ROOM	LICENSED PREMISES 1, ONE STORAGE ROO 3 ROOMS, COCKTAIL	OM, KITCHEN, I		EXIT ON TOUTE
	ee has complied with all ses are now open for bus  Individual, Partner or	iness (If not expla	in below)	o taxes; and
DATE:	TELEPHONE N	UMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building inspec	tor and the head	of the fire departn	ed by Chapter 304 of the ment for the above named c 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 147800057		CITY OR TOWN	WILLIAMS	STOWN
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: TAEWA,INC.				
DOING BUSINES	SS A THAI GARDEN				
ADDRESS 27 SP	RING STREET				
CITY/TOWN: W	/ILLIAMSTOWN	STATE: MA	ZIP CODE:	01267	
	ONGTAWEE, TY ORASAK	PE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION C	OF LICENSED PREMI	SES:			
1850 square feet. I	Entrance and exit front	and rear of building			
I hereby certify an	d swear under penaltie	s of perjury that:			
1. the ren	ewed license will be of	the same type for the	e same premises now	licensed;	
2. the lice	ensee has complied with	h all laws of the Com	monwealth relating to	taxes; and	
3. the pre	mises are now open for	r business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
	ned, attest that we are ned by the building in				
	ne certificate of liquor				
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:	11107101110	JIGI I
DISAPPROVED:			2).		
(If disapproved ex	plain)				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1478	800060		CITY OR TOWN	WILLIAMS	STOWN
APPLICATION FOR REN	EWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: SPIC DOING BUSINESS A SPI ADDRESS 23 SPRING ST	ICE ROOT				
CITY/TOWN: WILLIAM	ISTOWN S	TATE: MA	ZIP CODE:	01267	
MANAGER: NARULA,	TARUN TYPE OF	F LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE  DESCRIPTION OF LICEN  1900 SQFT FRONT ON S			MAIL ADDRESS		
2. the licensee has 3. the premises are SIGNED BY:		aws of the Commess (If not explain			
DATE:	TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, atte Acts of 2004, signed by the license and (2) the certification	ne building inspecto	or and the head	l of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:			<u>-</u>		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800064		CITY OR TOWN V	VILLIAMSTOWN
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: LMKM			
DOING BUSINESS A MOONLIGHT DI	NER & GRILLE		
ADDRESS 408 MAIN STREET			
CITY/TOWN: WILLIAMSTOWN	STATE: MA	ZIP CODE:	01267
MANAGER: AMEEN,KASSIM TYPI MICHAEL	E OF LICENSE:R	estaurant CAT	EGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
MAIN ENTRANCE NORTHEAST SIDE DINING AREA	OF BLDG.BAR L	OCATED NORTHEAS	T SIDE OF MAIN
3. the premises are now open for but SIGNED BY:  Individual, Partner of			
DATE: TELEPHONE	E NUMBER:		DENTIFICATION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liq	pector and the hea	nd of the fire departmen	nt for the above named
Please Check Below:		LOCAL LICENSIN	G AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disapproved explain)			
DATE:			



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## ON PREMISES LICENSE RENEWAL APPLICATION

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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 14/800066		CITY OR TOWN	WILLIAM	SIOWN
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: ECUSAL, INC				
DOING BUSINES	S A COYOTE FLAC	)			
ADDRESS 505 CC	OLD SPRING RD				
CITY/TOWN: W	ILLIAMSTOWN	STATE: MA	ZIP CODE:	01267	
MANAGER: LO	PEZ, GALO TYF	PE OF LICENSE: Rest	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
		EBSITE AND ENTER YOUR EM	AIL ADDRESS		
ONE STORY WOO ON NORTH,SOUT	F LICENSED PREMIS OD FRAME BLDG W TH AND WEST SIDE ES, 10 CHAIRS TO BI H SIDE OF BLDG	ITH FIVE ROOMS A S. EMERGENCY EX	IT FROM DINING	G ROOM. OU	JTSIDE
I hereby certify and	l swear under penalties	of perjury that:			
1. the rene	wed license will be of	the same type for the s	same premises nov	v licensed;	
	nsee has complied with		•	to taxes; and	
3. the pren	nises are now open for	business (If not explain	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, sign	ed, attest that we are ed by the building ins e certificate of liquor	spector and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain)				
(ii disappioved exp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DATE:					
			-		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	14/800068		CITY OR TOWN	WILLIAM	SIOWN
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS A ADDRESS 39 Chapin CITY/TOWN: WILL MANAGER: Volpi, EMAIL ADDRESS:  PT DESCRIPTION OF L. lower level of student of the student	Hall Drive IAMSTOWN S	TATE: MA F LICENSE: Rest AND ENTER YOUR EM. ance exit and 4 st erjury that:	ZIP CODE: aurant C	01267 CATEGORY:	Wine and Malt Regular
	has complied with all la	• •	-		
	s are now open for busir		· ·	to taxes; and	
3. the premise	s are now open for oash	iess (ii not explai	ii below)		
SIGNED BY:  DATE:	Individual, Partner or A			ER IDENTIFICAT	TION NUMBER:
DITTE.	TELEPHONE NU	MBER:		dividual Social S	
Acts of 2004, signed	attest that we are in po by the building inspect rtificate of liquor liabil	or and the head	of the fire depar	tment for the er 116 of the	above named Acts of 2010.
(If disapproved explain	 1)				
DATE:	,				



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800071	CITY OR TOWN WILLIAMSTOWN
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: WILD OATS COOPERATIVE INC. DOING BUSINESS A	
ADDRESS 320 MAIN STREET	
CITY/TOWN: WILLIAMSTOWN STATE: MA	A ZIP CODE: 01267
MANAGER: DURFEE, DAVID TYPE OF LICENSE:	Package Store CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
STAND ALONE BUILDING RETAIL GROCERY FOOD OF BUILDING, FIRE, AND LOADING ENTRANCE EXT BUILDING	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for t	the same premises now licensed;
2. the licensee has complied with all laws of the Co	mmonwealth relating to taxes; and
3. the premises are now open for business (If not ex	aplain below)
SIGNED BY: Individual, Partner or Authorized Co	rporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	,
(If disapproved explain)	
DATE:	



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 147800072		CITY OR TOWN	WILLIAMSTOWN
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	E: BERKSHIRE RESTA'S A PURPLE PUB AND			
CITY/TOWN: W		STATE: MA	ZIP CODE:	01267
		OF LICENSE: Re		ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PREMISES	:		
COMPRISING AP SERVING THE B	THE PUBSUITE CONT PROX. 3900 SQ. FT. WI' UILDING AND KNOWN S FOR STE 103 AND FOR EREWITH	TH ENTRANCE AS THE PUB A	AT THE COMMONAND STE. 103, INCL	N PASSAGEWAY LUDING BASEMENT
I hereby certify and	l swear under penalties of	perjury that:		
2. the licer	ewed license will be of the nsee has complied with all mises are now open for bus	laws of the Com	monwealth relating to	
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Officer	
DATE:	TELEPHONE N	IUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sign		ctor and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:	_		LOCAL LICENS	ING AUTHORITY
APPROVED: DISAPPROVED: (If disapproved exp	olain)		Ву:	
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 147800073		CITY OR TOWN	WILLIAMS	STOWN
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
	NANCY NGUYEN A SAIGON VIETNA	MESE CUISINE			
CITY/TOWN: WII		STATE: MA	ZIP CODE:	01267	
	JYEN, NANCY TYPE			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		CMAIL ADDRESS		
GROUND FLOOR	APPROX. 1080 SQ FT AGE IN BASEMENT		EXITS IN FRONT A	AND REAR (	OF
	see has complied with a ses are now open for but the ses are now open for	usiness (If not exp	lain below)	taxes; and	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the hea	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	14/8000/4	C	ITY OR TOWN WILLIAM	WISTOWN	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS A	HOPS AND VINES M HOPS AND VINES				
ADDRESS 16 WATE	R STREET				
CITY/TOWN: WILL	JAMSTOWN	STATE: MA	ZIP CODE: 01267		
MANAGER: RUBE	NSTEIN, GIL TYPE (	OF LICENSE: Resta	urant CATEGORY	: All Alcohol	
EMAIL ADDRESS:	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	:			
	AS ON THE FIRST F OR SPACES AS DES		NG AT 16 WATER STREE LOOR PLANS	TPLUS	
	vear under penalties of				
		• •	me premises now licensed;		
	*		nwealth relating to taxes; and	d	
3. the premise	es are now open for bus	iness (If not explain	below)		
SIGNED BY:	Individual, Partner or	Authorized Corpora	te Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social		
Acts of 2004, signed	by the building inspec	ctor and the head o	ertificate required by Cha f the fire department for tl uired by Chapter 116 of th	ne above named	
Please Check Below:			LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	11)				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 14/8000/5		CITY OR TOWN	WILLIAM	SIOWN		
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013		
		CLASS			YEAR		
LICENSEE NAME	: OLYMPIC PIZZA FA	AMILY RESTAUR	ANT LLC				
DOING BUSINESS	S A OLYMPIC PIZZA I	FAMILY RESTAU	RANT				
ADDRESS 460 MA	AIN ST						
CITY/TOWN: WI	LLIAMSTOWN	STATE: MA	ZIP CODE:	01267			
MANAGER: GIA MA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF LICENSE: Res	taurant	CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS	:						
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		_		
	F LICENSED PREMISE	S:					
	LDING, THREE EXITS						
· · · · · · · · · · · · · · · · · · ·	swear under penalties of						
	wed license will be of the	• 1	•				
	see has complied with al		<u> </u>	to taxes; and			
3. the prem	nises are now open for bu	siness (If not expla	in below)				
SIGNED BY:	T 11 1 1 D .	A .1 . 1.0	. 0.55				
	Individual, Partner or	· Authorized Corpo	rate Officer				
DATE							
DATE:	TELEPHONE	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)			
			(1000. <u>1101</u> )	ilaiviaaa Sociai S	security Number)		
	ed, attest that we are in						
, 0	ed by the building inspe- e certificate of liquor lia		_				
Please Check Below: APPROVED:	]		LOCAL LICEN	NSING AUTH	ORITY		
DISAPPROVED:			By:				
(If disapproved exp	lain)						
DATE:							



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	147800076		CITY OR TOWN	WILLIAMS	STOWN	
APPLICATION FOR	RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME:	BERKSHIRE FIV	/E CORNERS, INC				
DOING BUSINESS A	THE STORE A	T FIVE CORNERS				
ADDRESS 6 NEW A	SHFORD ROAD					
CITY/TOWN: WILL	IAMSTOWN	STATE: MA	ZIP CODE:	01267		
MANAGER: HASS	ETT, RYAN TY	PE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS			
DESCRIPTION OF L	ICENSED PREM	ISES:				
ONE FLOOR STORE SQ,FT	, ENTRANCE IN	FRONT BUILDIN	G AND TWO REAR I	EXIT. APRR	OX. 2944	
2. the licensee	has complied wit	* *	he same premises now mmonwealth relating to plain below)			
SIGNED BY:	Individual, Partne	er or Authorized Cor	rporate Officer			
DATE: TELEPHON		NE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	ORITY	
DATE:						



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 147800077		CITY OR TOWN	WILLIAMS	STOWN
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	TJ WARREN INC.				
DOING BUSINESS A	A				
ADDRESS 824 SIMO	ONDS ROAD				
CITY/TOWN: WIL	LIAMSTOWN	STATE: MA	ZIP CODE:	01267	
MANAGER: WAR	REN, JOHN F. TYPE C	F LICENSE:Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISES:				
	NIENCE STOREONE ARGE WALK IN COO		INDER BLOCK		
2. the license	ed license will be of the see has complied with all less are now open for busing	aws of the Comr	nonwealth relating to		
	Individual, Partner or A	Authorized Corpo	orate Officer		
DATE: TELEPHONE N		UMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					